

CHAPTER 13 PLAN

CASE NO. _____

DEBTOR(S): _____ SS# _____ NET MONTHLY EARNINGS _____
 _____ SS# _____ NET MONTHLY EARNINGS _____

FULL ADDRESS: _____ # OF DEPENDENTS _____ RENT _____

PLAN PAYMENTS: Debtor(s) propose to pay a total of \$ _____ per month into the plan

Direct primary Wage Order to: _____

Wage Order Amount: \$ _____ per (Circle One): MONTH / WEEK / SEMI-MONTHLY / BI-WEEKLY

If split, direct spouse's Wage Order to: _____

Wage Order Amount: \$ _____ per (Circle One): MONTH / WEEK / SEMI-MONTHLY / BI-WEEKLY

PRIORITY CREDITORS: IRS \$ _____ @ _____ / month STATE TAX COMM: \$ _____ @
 \$ _____ / month OTHER: _____ \$ _____ @

\$ _____ / month

MORTGAGES:

Mtg. pmts to _____ beginning _____ @ \$ _____ () PLAN () DIRECT

Mtg. pmts to _____ beginning _____ @ \$ _____ () PLAN () DIRECT

Mtg. pmts to _____ beginning _____ @ \$ _____ () PLAN () DIRECT

Mtg. arrearage to _____ from _____ thru _____ \$ _____ @ \$ _____ / month

Mtg. arrearage to _____ from _____ thru _____ \$ _____ @ \$ _____ / month

Mtg. arrearage to _____ from _____ thru _____ \$ _____ @ \$ _____ / month

SECURED CLAIMS: Shall be paid the sum set out as value or the creditor's proof of claim amount if lesser than value of collateral. That portion of the creditor's claim that exceeds the value shall be paid as an unsecured claim.

<u>CREDITOR'S NAME & COLLATERAL</u>	<u>AMT OWED</u>	<u>VALUE</u>	<u>INT. RATE</u>	<u>TOTAL TO BE PAID</u>	<u>MONTHLY PAYMENT</u>
_____	\$ _____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	\$ _____	_____ %	\$ _____	\$ _____

SPECIAL CLAIMANTS: Child support, co-signed debts, collateral for surrender or abandonment, or previously repossessed, insurance to be paid through plan, etc.

<u>CLAIM</u>	<u>INT. RATE?</u>	<u>PROPOSAL</u>
_____ \$ _____	_____ %	_____
_____ \$ _____	_____ %	_____
_____ \$ _____	_____ %	_____

UNSECURED DEBTS: The holders of the allowed unsecured claims totaling approximately \$ _____ are to be paid in deferred payments: () 100% , () None-0%, or a minimum of () percent, not to exceed 100%.

ADMINISTRATIVE FEES: Filing fees and administrative fees shall be paid pursuant to court Order and/or Local Rules:

TOTAL ATTORNEY FEE: \$ _____ Amount Received: \$ _____ Amount to be Paid Through Plan \$ _____

REMARKS: _____

Name/Address/Telephone # of vehicle insurance company or agent:

Attorney for Debtor (Name/Address/Telephone#)

Telephone No. _____

Telephone No. _____

The Debtor(s) request that the Court approve this plan for _____ months or until paid, not to exceed 60 months.

Date: _____ Debtor's Signature _____

Spouse's Signature _____

Attorney's Signature _____